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**EXAMINER** 

## **COVER LETTÉR**

то:	Registration Secondivision of Corp				
SUBJ	ECT:	MAT DEV	ELOPMENT LLC		
		Name of Limi	ted Liability Company	•	
The er	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
	MICHAEL A THISTED				
			Name of Person		
			Firm/Company		
		18146A BARUCH DRIVE			
		Address			
		FORT MYERS FL 33967		<b>8 7</b>	
			City/State and Zip Code		TO HAY
		MIKE E-mail address: (	.THISTED@GMAIL.Co to be used for future annual repo	OM rt notification)	2 T
For fu	rther information cor	ncerning this matter, please of	eall:		
		LYNN YIMIN	at (_239_)	267-8884	5 <b>5 5 5 5 5 5 5 5 5 5</b>
	Name of	Person	Area Code & I	Daytime Telephone Numbe	r atta
Enclos	sed is a check for the	following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	ate of Status &
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MAT DEVELOPMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ 2/26/2010 and assigned L10000022095 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title | Name 1 **Address** Type of Action MGR MARK YIMIN 18146 BARUCH DRIVE 📝 Add FORT MYERS, FL 33967 Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MAY 10 2010 Signature of a member or authorized representative of a member MICHAEL A THISTED Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00